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	Lilia Ol	sen			(Depositors name)
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	October	13, 20	03		(Date)
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APPLICATION NO.				
APPLICATION NO.	FILING DATE	first named inventor	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,113	02/09/2001	2-3		
		John V. Tyrrell	5D6812000120	7970

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR DETECTING RAPHIDOPHYTES

EXAMINER EXAMINER ART UNIT CLASS-SUBCLASS MYERS, CARLA I 1634 435-006080 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). St Change of correspondence address (or Change of Correspondence Address from PTO/SB/472) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single from (naving as a member a registered attorney or agents OR, alternatively, (2) the name of a single from (naving as a member a registered attorney or agent) and the rouns of up to 2 registered patent attorneys or agent; are not name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLRASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment has been proviously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE MONTE THESE ADDRESSIONEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MONTE THE ADDRESSION CE: (CITY and STATE OR COUNTRY) MONTE THE ADDRESSION CE: (CITY and STATE OR COUNTRY) As The following fee(s) are enclosed: 4b. Payment of Fee(s): G Issue Fee \$650.00 A check in the amount of the fee(s) is enclosed. G Publication Fee \$300.00	appln. Type	SMALL HNTITY	199UE FE	I	PUBLICATION FER	TOTAL FEE(S) DUE	DATE DUE
MYERS, CARLA I 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the names of up to 2 registered patent attorney or agent) and the name of up to 2 registered patent attorney or agent) and the name of up to 2 registered patent attorney or agent) and the name of up to 2 registered patent attorney or agent attorney or agent. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) FLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MONTER'S AGENT AND ART AND AR	nenprovisional	YES	\$650		\$300		
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Please check the appropriate assignee entegory or categories (will not be primed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 4b. Payment of the fee(s) is enclosed. 4c. The following fee(s) are enclosed: 4c. The following fee(s) are enclosed: 4d. Payment of the fee(s) is enclosed. 4d. Payment by credit card. Form PTO-2038 is attached.	FLEASE NOTE: Unless been proviously submitte (A) NAME OF ASSIGN	an assignee is identified be id to the USPTO or is being ER	low, no assignee da submitted under sep (B)	ta will appe arate cover. RESIDEN(ar on the patant, Inclusion of Complation of this form is NE JE: (CITY and STATE OR CO	DUNTRY)	ate when an assignment has signment.
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(Authorized Signature)

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PTOL-85 (Rev. 08/03) Approved for use through 04/30/2004.

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